

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007158

1. Entity Name

VILLA SANTA BALLROOM, L.L.C.

FILED

01 OCT 12 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2340 S.W. 32 Avenue Miami, Florida 33145	

2. Principal Place of Business	3. Mailing Address
2340 S.W. 32 Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Miami, Florida			
Zip	Country	Zip	Country
33145			

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Dilia B. Tomassetti  
2340 S.W. 32 Avenue  
Miami, Florida 33145

7. Name and Address of New Registered Agent

Name: Marlene Leon-Rubido, Esquire  
Street Address (P.O. Box Number is Not Acceptable): 8500 W. Flagler St. A-105  
City: Miami FL Zip Code: 33144

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Marlene Leon-Rubido* (Signature) / Marlene Leon-Rubido, Esquire (Typed Name)  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dilia B. Tomassetti 2340 S.W. 32 Ave Miami, Florida 33145 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/M Juan M. Bernardez 2340 S.W. 32 Ave Miami, Florida 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Ingrid Amaya 2340 S.W. 32 Ave Miami, Florida 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Antonio Cagiao 2340 S.W. 32 Ave Miami, Florida 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400004640184--6 -10/17/01--01076--018 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Juan M. Bernardez* / Juan M. Bernardez, Mgr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)